



# Westerville North Boys Basketball Camp-2018



“Our Mission: Develop Champions in the Classroom, Community and on the Court”

The players and coaches at Westerville North High School would like to invite you to participate in the 33rd annual Warrior Basketball Camp. Warrior Camp emphasizes individual skill development, competition, and FUNDAMENTALS. Many former campers have gone on to play high school, college and even at the professional level. We hope that you will join us in our gym this summer for an exciting camp.

Go Warriors!

*WNHS Coaching Staff*

**Sessions- Please check your session based on grade next school year 2018-19**

\_\_\_ **Grades 3-6: ELEMENTARY CAMP** - Tuesday, May 29-Friday, June 1 from 8:30-11:30 am. Cost is \$75.  
(Space limited to first 80 enrolled).

\_\_\_ **Grades 7-8: MIDDLE SCHOOL CAMP** - Tuesday, May 29 -Friday, June 1 from 1:00-4:00pm. Cost is \$75.  
(Space limited to first 60 enrolled).

\_\_\_ **Grades 9-12: HIGH SCHOOL CAMP** – Friday, June 1st: 5:00-8:00. (Cost is \$20 for boys attending North next year & planning to tryout for basketball! Covers camp & summer participation)

**Detach here-mail in lower portion**

Please complete the following information. **Enrollment at the door-cost is \$80.** \$5 discount for each brother you enroll. There is a \$10 cancellation fee. You will receive confirmation approximately 5 days prior to your session. Make your check out to **WNABC** and send to:

Coach Shan Trusley  
950 County Line Rd.  
Westerville, OH 43081

contact info: (614) 595-3473

email: trusleys@wcsoh.org

**Player name:** \_\_\_\_\_ **grade next school year (2018-19):** \_\_\_\_\_ **Session:** HS Elem. MS

**Address:** \_\_\_\_\_ **school:** \_\_\_\_\_

(Street)

(City)

(Zip code)

**t-shirt size (circle one)**    YL   AS   AM   AL   XL   **XXL**

Injury and Insurance Release Statement: I, the undersigned, individually and as parent(s) or guardian(s) of \_\_\_\_\_ a minor, ask that he be admitted to participate in this sport camp sponsored by the Warrior Basketball Camp. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless the Warrior Basketball Camp, its officers, sponsors, employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minors attendance at the boys basketball camp or in the course of competition and/or activities held in connection with the camp.

Parent (guardian) signature for insurance release: \_\_\_\_\_

**Emergency Contact Information**

\_\_\_\_\_  
**Name of parent/guardian**                      **Daytime Contact Phone**                      **Home Phone**                      **email**

\_\_\_\_\_  
**Name of parent/guardian**                      **Daytime Contact Phone**                      **Home Phone**                      **email**

**Consent Statement:** In the event reasonable attempts to contact the people listed have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the preferred physicians and dentist listed below, or by any other licensed physician and transfer of child to preferred hospital listed below or any other hospital reasonably accessible.

\_\_\_\_\_  
**(Signature of parent/guardian – consent for medical emergency**                      **(date)**

\_\_\_\_\_  
**Preferred Physician**                      **Phone**                      **Preferred Dentist**                      **Phone**                      **Preferred Hospital**